

Dr Scott & Partners

Inspection report

The GP Centre
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Sutton
SM3 8EP
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced comprehensive inspection at Dr Scott & Partners (Cheam GP Centre) on 29 April 2021 and a remote clinical review on 27 April 2021 to follow up on breaches of regulations.

The practice was previously inspected on 17 July 2019. Following that inspection, the practice was rated as requires improvement overall (requires improvement in safe, responsive and well-led) for issues in relation to medicines management, management of significant events, maintenance of recruitment records, staff training and governance arrangements.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We rated the practice as **requires improvement** for providing safe services.

At this inspection, we found the provider had made some improvements in providing safe services. In particular, the provider had made improvements to their systems and process in relation to safe recruitment and medicines management. However, we found new issues in relation to medicines management and the provider had not actioned some of the issues found in their infection prevention and control audit which were actions identified in their last inspection.

We rated the practice as **requires improvement** for providing effective services.

We found the provider did not have an effective system to identify patients with commonly undiagnosed conditions, for example diabetes. Their uptake for childhood immunisations and cervical screening were below average and staff appraisals were not appropriately managed.

We rated the practice as **good** for providing caring services.

We found that the provider had made improvements for providing caring services. In particular the practice enabled people to express their views by carrying out patient surveys and making changes where necessary.

We rated the practice as **requires improvement** for providing responsive services.

We found that the provider had made some improvements for providing responsive services. In particular, the provider had made changes to improve access to the service. However, we found that access to care had not significantly improved.

We rated the practice as **requires improvement** for providing well-led services.

We found the provider had made improvements in providing well-led services in relation to good governance and had implemented systems and process in response to the findings of our previous inspection. However, leadership and governance arrangements in place still required improvement. Risks in relation to staff training, maintenance of staff immunisation records, medicines management, significant events, identifying patients with missed diagnosis had not been identified by the provider's own governance systems.

Overall summary

We have rated this practice as requires improvement overall and requires improvement for all population groups.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment meet the needs of patients.
- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Maintain staff vaccination records appropriately.
- Review quality improvement systems in place to implement and monitor improvements.
- Manage staff appraisals appropriately.
- Review service procedures to improve low scoring areas in the national GP patient survey to improve patient satisfaction.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Requires Improvement 
People with long-term conditions	Requires Improvement 
Families, children and young people	Requires Improvement 
Working age people (including those recently retired and students)	Requires Improvement 
People whose circumstances may make them vulnerable	Requires Improvement 
People experiencing poor mental health (including people with dementia)	Requires Improvement 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

Background to Dr Scott & Partners

Dr Scott and Partners (Cheam GP Centre) provides primary medical services in 322 Malden Road, North Cheam, Surrey SM3 8EP to approximately 13,800 registered patients and is one of the 21 practices in Sutton Local Area Team and part of the South West London Clinical Commissioning Group (CCG).

The clinical team at the surgery is made up of five GP partners (three male and two female), two female salaried GPs, and four long-term locum GPs, four female practice nurses and a female healthcare assistant. The non-clinical practice team consists of a practice manager and 11 administrative or reception staff members.

The practice is a teaching practice for medical students and GP trainees.

The practice population is in the least deprived decile in England. The practice population of children is below the CCG (Clinical Commissioning Group) and national averages and the practice population of older people is above the CCG and national averages.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured that care and treatment is provided in a safe way.

The provider did not ensure they had appropriate systems in place for the safe management of medicines.

The provided did not ensure all incidents and significant events were recorded and that staff were aware of the significant event process.

The provider did not ensure details of blood tests were consistently recorded for patients on medicines that required regular monitoring.

The provider did not ensure they consistently acted on medicines and safety alerts.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured that effective systems and processes were in place to ensure good governance in accordance to fundamental standards of care.

The provider did not ensure all the issues found during their infection prevention and control audit were actioned and that staff were aware of the infection prevention and control leads.

The provider did not ensure staff received training appropriate to their role.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

The provider had not ensured care and treatment met the needs of patients.

The provider did not ensure they always identified patients with commonly undiagnosed conditions. For example, diabetes.

Uptake for childhood immunisations and cervical screening were below average.

The provider had not undertaken any specific analysis of the needs of the local population.